

M.B.MOTORS

KHARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP, INDIA

State Code: 9 Contact: 0551-2503403, , 5512500160 ,

GSTIN No. 09AAKFM8861B1Z1

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10515-03-REST-0326-155	Date	18-03-2026
Customer Name	CHANDRA PRATAP CHAND	Contact No.	9893319132
VIN	MBLHAW219PHE14546	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP53ES0282
HMCGL Card No	1051522880001001	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE-B00SS -FRONT VISOR BLACK NH-1 (TYPE-1)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	53175AAFH00S -LEVER COMP STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
3	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
5	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
6	3340BAAE-B30099S -WINKER ASSY R L R	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
Parts Total											0.00	3,210.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR SPLI NDOR+ XTEC	998729	Paid	1,500.00	9.00	9.00	0.00	0.00	0.00	0.00	1,770.00	
Jobs Total											0.00	1,770.00

Parts Total	3,210.00
Labour Total	1,770.00
SGST (Parts) 9%	244.83
CGST (Parts) 9%	244.83
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
Total	4,980.00

Rupees in Words: Four Thousand Nine Hundred Eighty Only

Authorised Signatory

1. Terms Cash
 2. Prices & statutory levies prevailing at the time of delivery shall be charged
 3. Vehicles in this workshop are handled/driven and kept at owner's risk.
 4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
 5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
 6. Actual amount may vary from estimate
 7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
 8. All disputes subject to jurisdiction of GORAKHPUR Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

10515 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय .

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Chandra Pradap Chand 9893319132
2	Vehicle No. / वाहन संख्या	UP53ES0282
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/466088
4	Period of Insurance / बीमा अवधि	09/09/2025 — 08/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/03/26 14:25 PM
6	Place of Accident / दुर्घटना का स्थान	Asuran Chauraha
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Chandra Pradap Chand CG1019879007832 (9893319132)
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण : मैं Asuran से अपने छर के तरफ आ रहा था। पीछे से एक कार ने मुझे ठक्कर मार दी और मैं गिर गया। जिसकी वजह से सही गाड़ी टूट गयी। हालांकि हादसे में मुझे या किसी और की कोई भी हानि नहीं है।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M.B.MOTOR 8318237680

Date / दिनांक : 18/03/26
हस्ताक्षर


CP Chand

Signature of Insured / बीमाधारक के


Chandra

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Chandro Pradeep Chaud
 (b) Age : 29
 (c) Address : M. N. Road, Baramulla, Gwalior 473004
 (d) Is the Driver
 1. Owner : Owner
 2. paid driver? :
 3. Owner's relative or friend? :
 (e) If paid driver, how long has he been in your employment :
 (f) Was he under the influence of intoxication (alcohol or drugs)? :
 (g) Driving Licence Number : CG221019279007832
 (h) Issuing Authority :
 (i) Date of Expiry : 28-8-2030
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before? : 1
 (m) Has he been charged by the policy? If so, Why? :

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 16/03/26 14:25 P.M
 (b) Place : Asuran chaurah (G.K.P)
 (c) Speed of vehicle at the time of accident : 20 kmph
 (d) Give a short description of the accident : दो चक्रिय वाहन का टक्कर
 (e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : 1
 (b) Estimated cost of repairs : 21850
 (c) When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : HI
 (b) Address :
 (c) Full Details of personal injury sustained :
 (d) Name and address of any person/hospital giving medical attention to injured person :
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? : M



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. MSI 2025/7001/0146575/466088

Tel. No. _____

Period of Insurance upto 08/09/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

(a) Name : Chandra Pradap Chand
 (b) Address for correspondence : _____
 (c) Telephone : 9893319132

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>11/09/23</u>	Engine No. <u>MA1E7PHE49227</u> Chassis No. <u>MBLHA6219PHE14546</u>	Registration No. <u>UP53E50282</u>
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(a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? personal
 (c) Was trailer attached? _____
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached _____
 2. Was a pillion rider carried _____

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

(a) Registered laden weight : _____
 (b) Unladen Weight : _____
 (c) Weight of goods carried/Load Challan No. : _____
 (d) Nature of permit : _____
 (e) Nature of goods carried : _____
 (f) Was the vehicle plying for hire : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (b) If yes, give full details _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any _____
- (b) Did a Police Constable take particulars of the accident? _____
- (c) Was accident reported to Police? If not, Why? _____
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No. _____

10. THEFT

- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? _____
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____
- (f) Has theft been reported to Police? _____
- (g) When? _____
- (h) Which Police Station? _____
- (i) C.R. diary Number _____

I/We the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 18/02/26 200

Signature of the insured [Signature]



Transport Department Gorakhpur RTO
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53ES0202
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, . . 188-273004
 Owner Name : CHANDRA PRATAP CHAND Son/wife/daughter of : C/O: SHRI NATH BAUX SINGH

Registration Date : 11-Sep-2023
 Purpose For Printing RC : NEW

Full Address: (Permanent) : 200R INDRA KUNJ GORAKHPUR, DHARAMPUR, . GORAKHPUR, UTTAR PRADESH-273006
 Full Address: (Temporary) : 200R INDRA KUNJ GORAKHPUR, DHARAMPUR, . GORAKHPUR-UTTAR PRADESH-273006
 Fitness Up To : 10-Sep-2038
 Owner Serial No : 1

Detailed Description

Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2080939507
Front HSRP No	: AA2078752514	Month/Year of Manuf.	: 05/2023
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW219PHE14546
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11E7PHE49227	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ XTEC (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: BLACK TORNADO GREY	AC Fitted	: NO
Other Criteria	:		
Vehicle Purchase As	: Fully Built		

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.

	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt	: 08-Sep-2023	Sale Amt	: 79861/-
OTT Date	: 08-Sep-2023	Amount/Rcpt No	: 7987 / UP53D23090002661
Vehicle is Govt/ Pvt	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 29-Sep-2023		

Other State/Transfer/Conversion Details

Previous Owner	:	Previous Reg No	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 11-Sep-2023 to 10-Sep-2038

Date : 06-Oct-2023 11:47:56

Registration Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी
 Signature of Registering Authority
 गोरखपुर Date: 06-Oct-2023

4614227



भारतीय विधिक पहचान प्राधिकरण
National Authority of India



Issue Date: 07/08/2012



चन्द्र प्रताप चंद
Chandra Pratap Chand
जन्म तिथि/DOB: 05/01/1960
पुरुष/ MALE

2720 8726 2697

VID : 9170 5708 1701 2398

मेरा आधार, मेरी पहचान



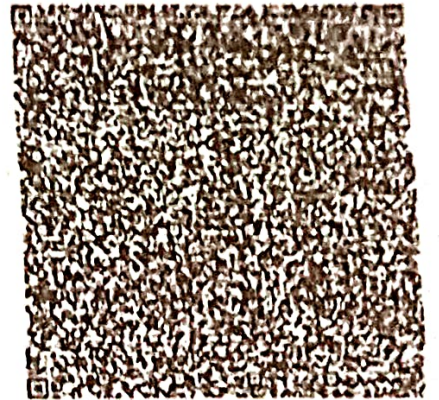
भारतीय विधिक पहचान प्राधिकरण
National Authority of India



उत्तर प्रदेश, 2720 8726 2697

पता:
द्वारा: श्री नाथ बख्श सिंह, 200आर, इन्द्रा कुंज, धरमपुर,
गोरखपुर, गोरखपुर,
उत्तर प्रदेश - 273006

Address:
C/O: Shri Nath Baux Singh, 200r, Indra Kunj,
Dharampur, Gorakhpur, Gorakhpur,
Uttar Pradesh - 273006



2720 8726 2697

VID : 9170 5708 1701 2398



1947



help@uidai.gov.in



www.uidai.gov.in



**Indian Union Driving Licence
Issued by Uttar Pradesh**



CG10 19879007832



Issue Date 01-08-2025
Validity (NT) 28-08-2030

Validity (TR)



Holder's Signature

Name: **CHANDRA PRATAP CHAND**

Date of Birth: **05-01-1960**

Blood Group: **O+ VE**

Organ Donor: **N**

Son/Daughter/Wife of: **N B SINGH**

Address:

**HNO-200 R INDRA KUNJ DHARAMPUR PO-GITA
VATIKA PS SHAHPUR GORAKHPUR 273006**

Date of First Issue 07-09-1987

DL No: CG10 19879007832

UPDL531000040236



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	CG28	07-09-1987	NT			
	LMV	CG28	15-03-2008	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
HPS2 GORAKHPUR

स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER

ADAPC6835E



नाम /NAME

CHANDRA PRATAP CHAND

पिता का नाम /FATHER'S NAME

NATH BOUX SINGH

जन्म तिथि /DATE OF BIRTH

05-01-1960

हस्ताक्षर /SIGNATURE

(के. ई. त्रिवेदी)

आयकर आयुक्त, जबलपुर

COMMISSIONER OF INCOME-TAX.

इस कार्ड के खो / निल जाने पर कृपया जारी करने
वाले प्राधिकारी को सूचित / वापस कर दें
आयकर आयुक्त,
केन्द्रीय राजस्व भवन,
नेपियर टाउन,
जबलपुर - 482 001.

In case this card is lost/found, kindly inform/return to
the issuing authority :

Commissioner of Income-tax,
Central Revenue Building,
Napier Town,
Jabalpur - 482 001.